Annual Reconciliation User Guide

(SL Broker User ID) User Documentation

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BEGINNING THE PROCESS

A few things to do before getting started:

- Decide if you want to send this data via FTP (A flat text file that can be transmitted to the DOI thru a FTP portal)
- Utilize the E-Services portal.

To submit the data via FTP:

- You'll need to notify the DOI of your intent. Also, you'll need to provide:
    - A test file to review for proper formatting
- You will need to follow the file format outlined in the Data Elements Guide, which is also inserted into this user documentation.

To create via E-Services:

- You'll need to set up an account
- Enter the data using the process outlined in this user documentation

Some other things to consider when using the E-Services portal:

- If using the E-Services portal, the session will 'timeout' after 20 minutes of inactivity.
- For Surplus Lines Brokers, make sure your data is grouped by Carrier (Unauthorized Insurer), for ease of entry. The process will ask you to select the Carrier, then all municipalities associated with that Carrier.
- Save/Print your invoice for documentation purposes. This will be the verification you have entered your data, and transmitted to the DOI.
- All amended reports will be filed by paper copy. All initial records shall be transmitted electronically.

FILING BY FTP

This section will explain the process to transmit the Annual Reconciliation Data to the DOI via FTP. You will first need to notify the DOI of your intent. To do so, submit an e-mail to the following e-mail address:

DOI.ISHelpDesk@ky.gov

Entitle:

Annual Reconciliation FTP Request

Or, you may call the DOI regarding this topic at 502-782-5359.

The DOI Help Desk will ask you to:

- Submit a test filing. We will attempt to load your test file in a beta environment to verify the file formatting. The formatting outline follows.
- Once complete, we will assign you a username and password to access the FTP service.

IMPORTANT: If you have previously submitted a test file to the Department, and obtained a Username and Password to file via FTP, you may skip the test file step, and utilize the username and password from the previous year.

DEFINITIONS

(1)   "Company Name" is equal to the name of the insurance company subject to local government premium tax as presented in the Annual Statement.

(2)   "Broker" is a Surplus Lines Broker subject to local government premium tax.

(3)   "NAIC Number" is the assigned number provided to the company by the National Association of Insurance Commissioners. (Alien Number is the assigned tax identification number of the writing alien carrier)

(4)   "FEIN Number" is the Federal Tax Identification Number.

(5)   "Year" is the year of the tax filing.

(6)   "First/Middle/Last Name" should reflect the filing contact information.

(7)   "Local Government Name" means the city/county/charter county/consolidated local government/urban-county government/unified local government to whom the tax was paid.

(8)   "Municipal Code' means the number assigned to the taxing authority by the Local Government Premium Tax Division at the Department of Insurance within the Local Government Premium Tax Schedule distributed annually. (AKA City Code)

(9)   "Ttl Annual Premium" (Total Annual Premium) the total amount as defined in Section I, Annual Totals, Column 2.

(10)   " Ttl Ann Tax Pd (Casualty)" (Total Annual Tax Paid (Casualty)) the total amount as defined in Section I, Annual Totals, Casualty, Column 3.

(11)   "Ttl Ann Tax Pd (Fire & All)" (Total Annual Tax Paid (Fire & Allied Perils)) the total amount as defined in Section I, Annual Totals, Fire and Allied Perils, Column 3.

(12)   "Ttl Ann Tax Pd (Health)" (Total Annual Tax Paid (Health)) the total amount as defined in Section I, Annual Totals, Health, Column 3.

(13)   "Ttl Ann Tax Pd (Inl Marine)" (Total Annual Tax Paid (Inland Marine)) the total amount as defined in Section I, Annual Totals, Inland Marine, Column 3.

(14)   "Ttl Ann Tax Pd (Life)" (Total Annual Tax Paid (Life)) the total amount as defined in Section I, Annual Totals, Life, Column 3.

(15)   "Ttl Ann Tax Pd (Mtr Vehicle)" (Total Annual Tax Paid (Motor Vehicle)) the total amount as defined in Section I, Annual Totals, Motor Vehicle, Column 3.

(16)   "Ttl Ann Tax Pd (All Oth Risk)" (Total Annual Tax Paid (All Other Risks)) the total amount as defined in Section I, Annual Totals, All Other Risks), Column 3.

(17)   "Total Annual Tax Paid" the total amount as defined in Section I, Annual Totals, Column 3.

(18)   "Total Annual Interest Due" the total amount as defined in Section II, Computation of Additional Payment Due, Column 3.

(19)   "Total Amount" means the total of (17) and (18) above.

(20)   "DOI ID Number" means the six digit number assigned by the Department of Insurance to the insurance company or broker at licensure. This number can be found on the insurance company or broker Kentucky Insurance License.

(21)   "Fil Off E-Mail Address" (Filing Officer/Filing Contact E-Mail Address) the e-mail address of the filer of the Annual Reconciliation.

(22)   "Unauthorized insurer" is the insurance company to which insurance business has been exported through a broker.

DATA REQUIREMENTS

This section will document the data requirements concerning the file.

Format

Media Type: SFTP

File Type: Character Delimited Text Format   (^ Shift 6)

Required Fields-Company Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Company

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

- Company Name   Alpha-Numeric   Maximum Length 100
- NAIC Number   Numeric   Maximum Length 5
- FEIN Number   Numeric (No dashes)   Maximum Length 9
- Year   Numeric   Maximum Length 4
- Last Name (Filing Officer)   Alpha-Numeric   Maximum Length 50
- First Name (Filing Officer) Alpha-Numeric   Maximum Length 50
- Middle Name (Officer)   Alpha-Numeric   Maximum Length 50
- Address (Company)   Alpha-Numeric   Maximum Length 255
- City Name   Alpha-Numeric   Maximum Length 255
- State   Alpha-Numeric   Maximum Length 2
- Zip   Numeric   Maximum Length 9
- Phone # (Filing Officer) Numeric (No dashes)   Maximum Length 15
- Fil Off E-Mail Address   Alpha-Numeric   Maximum Length 100

Tax Information/Company

This data should be submitted in **row two, then repeat for each taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

- Local Government Name   Alpha-Numeric   Maximum Length 100
- Municipal Code   Numeric   Maximum Length 4
- Ttl Annual Premium   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Casualty)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Fire & All) Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Health)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Inl Marine) Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Life)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Mtr Vehicle) Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (All Oth Risk) Numeric (No commas)   Maximum Length 100
- Total Annual Tax Paid   Numeric (No commas)   Maximum Length 100
- Total Annual Interest Due   Numeric (No commas)   Maximum Length 100
- Total Amount   Numeric (No commas)   Maximum Length 100

Required Fields-Surplus Lines Broker Data

There will be separate file requirements for Company Filers, and Surplus Lines Broker Filers.

Filer Identification Information/Surplus Lines Broker

This data should be submitted in **row one** of the file, not to be repeated, columns separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

- Broker Name   Alpha-Numeric   Maximum Length 100
- DOI ID Number   Numeric   Maximum Length 6
- FEIN Number   Numeric (No dashes)   Maximum Length 9
- Year   Numeric   Maximum Length 4
- Last Name (Filing Officer)   Alpha-Numeric   Maximum Length 50
- First Name (Filing Officer)   Alpha-Numeric   Maximum Length 50
- Middle Name (Officer)   Alpha-Numeric   Maximum Length 50
- Address (Company)   Alpha-Numeric   Maximum Length 255
- City Name   Alpha-Numeric   Maximum Length 255
- State Name   Alpha-Numeric   Maximum Length 2
- Zip   Numeric   Maximum Length 9
- Phone # (Filing Officer)   Numeric (No dashes)   Maximum Length 15
- Fil Off E-Mail Address   Alpha-Numeric   Maximum Length 100

Tax Information/Surplus Lines Broker

This data should be submitted in **row two, then repeat for each unauthorized insurer/taxing local government.** Columns should be separated by a ^ (shift 6). A final ^ should close the last column before moving to the next row of data.

- Unauthorized Insurer Name   Alpha-Numeric   Maximum Length 100
- NAIC Number/AlienNumber   Numeric   Maximum Length 12
- Local Government Name   Alpha-Numeric   Maximum Length 100
- Municipal Code   Numeric   Maximum Length 4
- Ttl Annual Premium   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Casualty)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Fire & All)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Health)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Inl Marine)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Life)   Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (Mtr Vehicle) Numeric (No commas)   Maximum Length 100
- Ttl Ann Tax Pd (All Oth Risk) Numeric (No commas)   Maximum Length 100
- Total Annual Tax Paid   Numeric (No commas)   Maximum Length 100
- Total Annual Interest Due   Numeric (No commas)   Maximum Length 100
- Total Amount   Numeric (No commas)   Maximum Length 100

Data Examples

Company Demographic Data

ABC Insurance Company^12345^610000000^2007^Doe^John^Q^123 Main Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Company Taxing Data

Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Or

Surplus Lines Broker Demographic Data

John R Producer^123456^610000000^2007^Doe^John^Q^123 Main Street^Frankfort^KY^40601^18005551212^jdoe@yahoo.com^

Surplus Lines Broker Taxing Data

ABC Surplus Lines Insurance Company^12345^
Frankfort^0006^10000^200^100^0^0^0^500^0^800^0^800^

Important- The file can accommodate a decimal and two fields for numbers that are not rounded. I.E. (200.50)

FILING VIA ESERVICES

1. To begin the E-Services application, double click on the **Explorer icon** on your desktop. The icon is shown below.
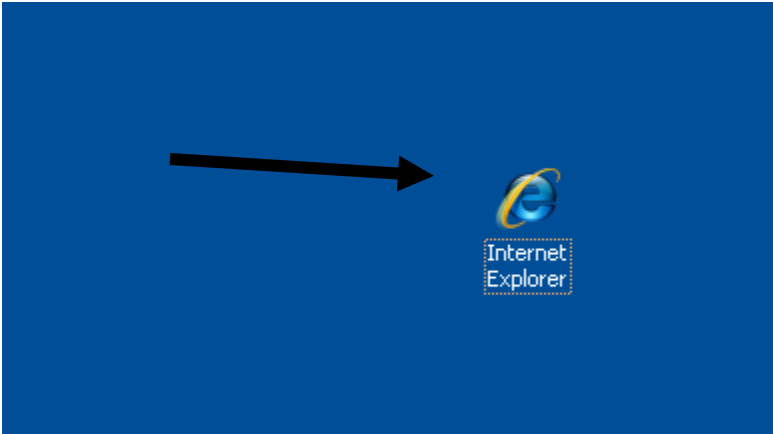
Proceed to the Kentucky DOI webpage at:

http://insurance.ky.gov/

2. After clicking into the above website, the following page should appear:

3. Click the E-Services icon in the top right corner of the webpage.

4. Which will direct you to the DOI e-services portal, as shown below.

SETTING UP A NEW ACCOUNT

If you are an active Surplus Lines Broker, and have an existing Individual E-Services account, this access will be automatically added to your individual login. See the access shown here.
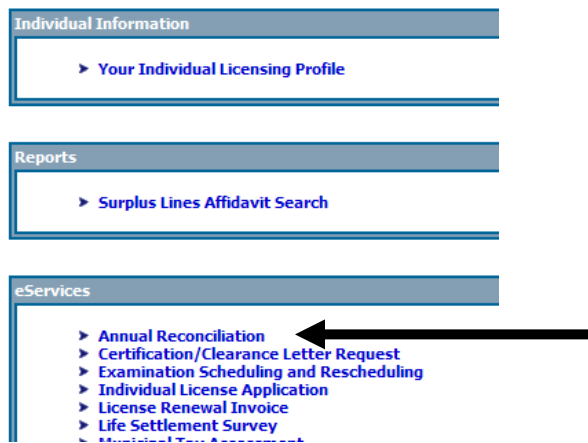
NOTE: If you are an active Surplus Lines Broker and this option is not enabled in your Individual E-Services account, please:

- ***Submit an e-mail to the following e-mail address:***

    DOI.ISHelpDesk@ky.gov

- ***Or, you may call the DOI regarding this topic at 502-782-5359.***

If you do not have an Individual E-Services account set up, follow the directions shown here to do so.

Setting up an E-Services Account

1. To begin the application, double click your **internet browser.**
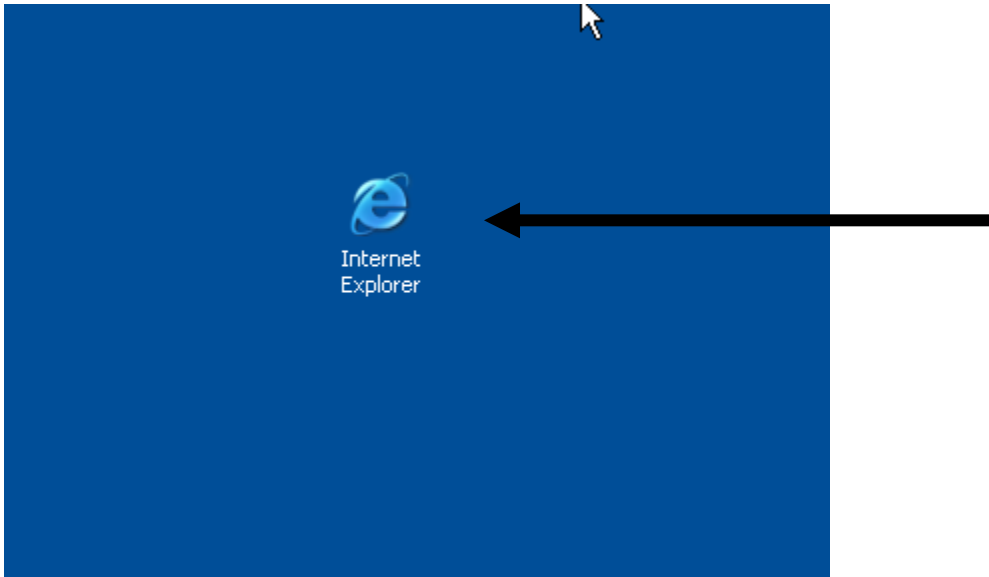
2. Follow the link to the KOI Webpage, at:

http://insurance.ky.gov/

3. Click the E-Services icon, located at the top right side of the page.

This will lead you to the log in screen for E-Services.

If you're a first time E-Services user……..you'll need to log in and acquire a username and password.

Click Here…

You'll need to designate your username and password….

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Your eServices Account Information

Username	
Password	
Verify Password	
UserType	Individual: Individual Access
Security Question	Your Mother's Maiden Name ▼
Answer	

Username
Enter your username. It must be between 8-15 alpha numeric characters in length

Password
Enter a password that is between 8 to 15 alpha numeric characters. **Your password must contain at least 1 number.**

Your eServices Account Information

Username	
Password	
Verify Password	
UserType	Individual: Individual Access ▾
Security Question	
Answer	

Dropdown options:
- Individual: Individual Access
- Business Entity: Agent Licensing Administrator
- Business Entity: Agent Licensing Read Only
- Business Entity: Agent Licensing Read-Write
- Insurer: P&C Auto and Home Guide Administrator
- Insurer: P&C Auto and Home Guide Read-Write
- Insurer: Agent Licensing Administrator
- Insurer: Agent Licensing Read Only
- Insurer: Agent Licensing Read-Write
- Other: Consumer

User Type
Select the type of user account that you need to create on our system

Select the User Type:
Individual: Individual Access

Your Contact Infor...

First Name		
Suffix Name		
Telephone		Extension
E-mail Address		

Select a Security question with answer…

Your eServices Account Information

Username	
Password	
Verify Password	
UserType	Individual: Individual Access ▾
Security Question	Your Mother's Maiden Name ▾
Answer	

Dropdown options:
- Your Mother's Maiden Name
- Your Favorite Color
- Your Pet's Name
- Your Favorite Food
- Name of an Elementary School
- Last Four Digits of Your SSN

Security Question
Select a question that will be easy for you to remember the answer to. This will be used to retrieve your password should you forget it.

Here…

Your Contact Infor...

First Name		e Name/Initial	Last Name
Suffix Name		SSN	
Telephone		Extension	
E-mail Address			

Note the help as you select a data entry field…

Your Mailing/Shipping Information

Address Line1	
Address Line2	
City	State: Select ▾ Zip

[Create Account]

You are now ready to enter your personal data.

You must enter your SSN to verify licensing status.

Your Contact Information

First Name		Middle Name/Initial	
Suffix Name		SSN	
Telephone		Extension	
E-mail Address			

Your Mailing/Shipping Information

Address Line1	
Address Line2	
City	

State Select ⌄   Zip

Create Account

Once finished, click 'Create Account'.

Note: the City/State/Zip must be a valid USPS match.

You're now ready to use KOI E-Services.

LOGGING INTO E-SERVICES

Enter your Username and Password from the E-Services jump page as shown here.

Then click 'Submit"

The following screen should display…

Individual Information

➤ **Your Individual Licensing Profile**

Reports

➤ **Surplus Lines Affidavit Search**

eServices

➤ **Annual Reconciliation**
➤ **Certification/Clearance Letter Request**
➤ **Examination Scheduling and Rescheduling**
➤ **Individual License Application**
➤ **License Renewal Invoice**
➤ **Life Settlement Survey**

ENTERING ANNUAL RECONCILIATION DATA INTO E-SERVICES (SURPLUS LINES LOGIN)

After logging into the account, the first screen presented should be this:

Individual Information

➤ **Your Individual Licensing Profile**

Reports

➤ **Surplus Lines Affidavit Search**

> To load the data, click Annual Reconciliation here…

eServices

➤ **Annual Reconciliation**
➤ **Certification/Clearance Letter Request**
➤ **Examination Scheduling and Rescheduling**
➤ **Individual License Application**
➤ **License Renewal Invoice**
➤ **Life Settlement Survey**
➤ **Municipal Tax Assessment**
➤ **Nofault Rejection Request**
➤ **Open Record Requests**
➤ **Order Laws & Regulations Book**
➤ **Pending Fees (License and Appointment)**
➤ **Record Correction Request (Form 8303)**
➤ **Replacement or Additional License Request (Form 8306)**
➤ **Surplus Lines Affidavit**
➤ **Surplus Lines Quarterly Report**
➤ **Town Forums**
➤ **View Transaction History**
➤ **Voluntary License Surrender**

The Annual Reconciliation data entry screen.

The top of the form offers the Entity/User demographic data…

Next, the data concerning the year and filer information will be entered.

KYDepartment of Insurance

Individual Information | eServices | Reports | Main Menu | Update your account | Change your password | Logout

nual Reconciliation

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Tax Year   2009   ☐ No Business

Annual Reconciliation Filer Data

First Name		Mid Name		Last Name	
Address					
City		State	Select	Zip	
Phone		Email			

Submit Filer Data

Denote the year of the data filed here.

If the broker had no business for the year, mark here.

Enter the demographic data of the filer….here.

After declaring the year and filer information, click 'Submit Filer Data' to proceed to this screen, to begin loading the reconciliation data.

Note: If the broker had no business, click "Submit Annual Reconciliation" and proceed to Checkout.

Otherwise……

The broker will choose the carrier from the pull down shown here…

Then select the taxing municipality, and begin entering the data.

Select the
taxing
authority
here

Unauthorized Insurer Name	Acceptance Indemnity Insurance Company		
Local Government Name	Mayfield		

Total Annual Tax Paid (Casualty)	100	Total Annual Premium	5000
Total Annual Tax Paid (Fire and Allied Lines)	50	Total Annual Tax Paid	400
Total Annual Tax Paid (Health)	50	Total Annual Interest Due	0
Total Annual Tax Paid (Inland Marine)	50	Total Amount	400
Total Annual Tax Paid (Life)	50		
Total Annual Tax Paid (Motor Vehicle)	50		
Total Annual Tax Paid (All Other Risks)	50		

Add Taxes

Submit Annual Reconciliation   Add Taxes for Additional Carriers

Enter the
data here

When all data for the
municipality is complete, click
'Add Taxes' here to write it to
the reconciliation.

To add additional information concerning another taxing municipality to this carrier, simply select the city/county in the pull down shown above, and enter the tax information. Once finished, click "Add Taxes". Repeat this process until all taxing data is entered for all municipalities concerning this carrier. After all data is entered for **this carrier**:

You may select:

- "Add Taxes for Additional Carriers" to select another carrier to report more taxes
- If you are finished with the reconciliation, click "Submit Annual Reconciliation" to proceed to checkout

IMPORTANT NOTE:

The application will not change the Carrier in this screen until you make a decision to click "Add Taxes for Additional Carriers". This feature allows the user to add more than one taxing municipality for a carrier without needing to click and select the carrier multiple times.

After adding one record for the carrier, the carrier selection is disabled. To proceed to the next carrier……click 'Add Taxes for Additional Carriers' to finish your work with this carrier.

Note the record added will display here. You may delete a line from the record by clicking the select box…then 'Delete', to remove.

After the data entry is complete for all carriers, click 'Submit Annual Reconciliation' to proceed to checkout. After clicking this selection, the following screen will display.

Annual Reconciliation

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Annual Reconciliation Filer Data

Name	dfggd, dsgsdg	Address	dfgsd , sdfgdg KY 334434
Phone		Email	

Unauthorized Insurer Name				Acceptance Indemnity Insurance Company				
Local Government Name				Mayfield				
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest
100	50	50	50	50	50	50	5000	0

Unauthorized Insurer Name				Admiral Insurance Co				
Local Government Name				Louisville				
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest
15	15	15	15	15	151	15	15	1

Unauthorized Insurer Name				Arch Excess & Surplus Insurance				
Local Government Name				Bowling Green				
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest
10	101	10	10	101	10	10	10	0

Check Out

This screen generally acts as a review of your work. After the review is completed, click 'Check Out'.

You will be taken to the checkout screen to complete your transaction.

KYDepartment of Insurance

Individual Information | eServices | Reports | Main Menu | Update your account | Change your password | Logout

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Forms Completed by User: [Satish007]

Remove	Description	Fee(s)
☐	Annual Reconciliation	$5.00
	Total Amount Due	**$5.00**

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than $1500.00, you can only checkout via Debit (ACH) payment method.

| Update Order | Checkout to Submit Transaction/Complete Order | Continue Shopping/Return to Menu | Cancel Order |

View Order | Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

Click here to submit the reconciliation

IMPORTANT: You must complete the checkout process for the data to transmit.

The payment screen will display…..

You will either need to pay via Credit/Debit Card…

Checkout

You may enter either your credit card information OR your checking account information to process your order.

Total amount to be billed to your credit card: $5.00
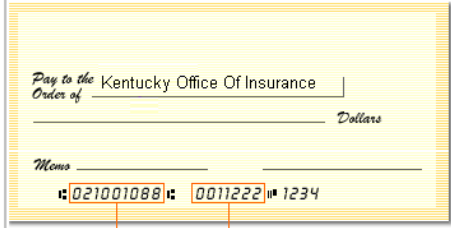
Credit Card Information

Enter your billing information EXACTLY as it appears on your credit card and/or billing statement

Card Type:	○ Visa ○ MasterCard ○ Discover ○ American Express
Card Number:	
Expiration Date:	▾ / ▾
Name on Card:	
Billing Zip/Postal Code:	
Phone Number:(Number Only)	

> Enter your debit/credit card information here…

Or via E-Check…

eCheck Information

Enter your checking account information exactly as it appears on your check

Johnathan Doe
1200 Main St
Anytown, CA 12345

Kentucky Department of Insurance

PAY TO THE ORDER OF

Your Bank Name
567 Melanie Ln.
San Diego, CA 92123

ACH R/T 28237356

ACH Routing / Transit #

DO NOT INCLUDE Check Number

⑆123456789⑆ 000123456789⑈

Routing #
Between the ⑆ symbols

Account #
Include all zeros

Name on Account:	
Routing Number:	(From your check. Don't use your deposit slip. Use the ACH number if your check has one.)
Account Number:	

After completing either, click 'Submit Order' to proceed.

You will get a final transaction screen to show the completion of your order….

You may also accomplish a few other things with this form….

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23017	
ePay Transaction ID:	
Transaction Date: 9/9/2009	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

You can print a copy of your transaction data by clicking here.
(Print Annual Reconciliation)

Print copy of invoice generally works as a screen print to document your transaction id.

Annual Reconciliation

Entity / User Details	
DOI Number	Individual / Entity Name
300363	
User Last Name	User Middle Name
Adabala	

Annual Reconciliation Filer Data		
Name	dfgdsf, ggs dfgsdf	Address
Phone		Email

Local Government Name				Ashland		
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	
1000	200	200	200	0	200	

Return to the Main Menu | Update your account | Change yo

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

Transaction Details:

Your transaction has been processed and does not require any additional Payment information.
Below are the details of your transaction. You may print a copy of this for your records by clicking on the **'Print copy of invoice'** listed below.

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23017 ePay Transaction ID: Transaction Date: 9/9/2009	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

To finish up….click here, to take you back to the main menu.

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

eServices

▶ **Annual Reconciliation**
▶ **View Transaction History**

Return to the Main Menu | Update your account | Chan

Your LGT-140/Annual Reconciliation is complete.

ACCOUNT MAINTENANCE

There are tools in the account that allow you to update your information, or change your password.

Updating Your Account

Click here to update your account
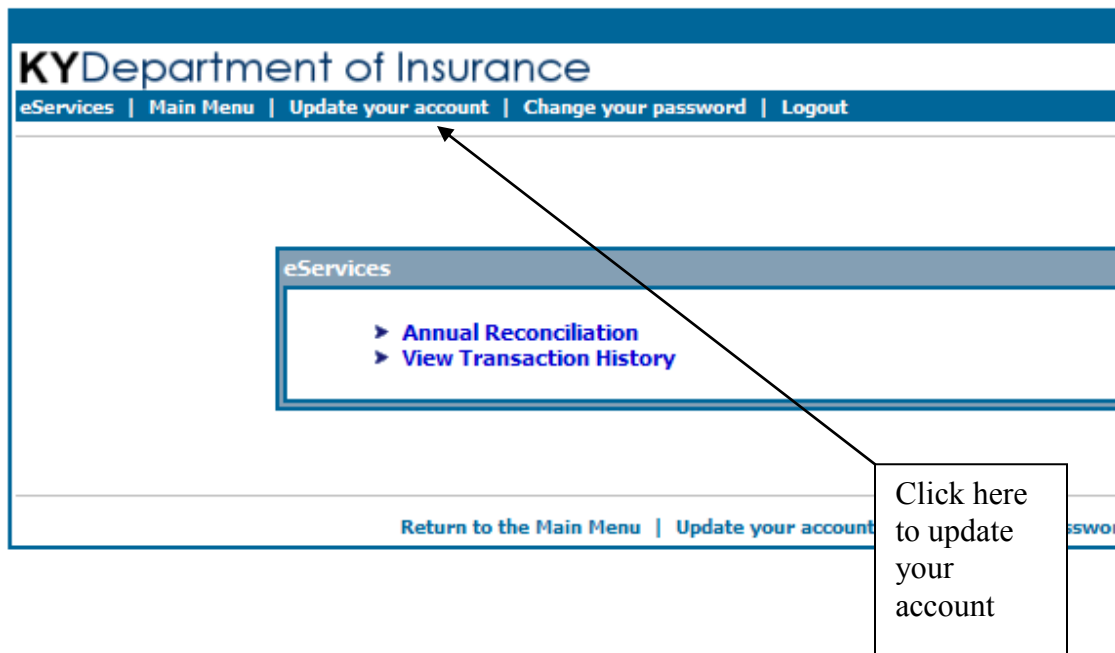
Update Account Information

Update Account Information - updates eServices account information only.

Updating your address on this profile does not update your official record with the department. You must complete "Record Correction Form 8303" on the eServices menu.

User Name	Annrec2009
Password	******* (To change your password, **Click here**)
First Name	V
Middle Name	
Suffix Name	
Last Name	A (DO NOT ADD SUFFIX: JR, SR, etc)
Phone	Extn ___ (Numbers Only)
Email	pa.ada@ky.gov
	(include the .com, .net or .org - accounts with invalid e-mail addresses will be removed)
Address Line1	215 West Main St.
Address Line2	
City	Frankfort
State	KY Zip 40601
Security Question	Your Mother's Maiden Name
Answer	‖‖‖

Make any changes to the data here…

Update Account   **Cancel**

Then click 'Update Account' here to finalize the changes.

<u>Changing Your Password</u>

Click here, to change your password.

KYDepartment of Insurance

eServices | Main Menu | Update your account | Change your password | Logout

Here

eServices

➤ Annual Reconciliation
➤ View Transaction History

Return to the Main Menu | Update your account | Change your passwor

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Change Your Password

Please select a new password that is at least 8 characters long. It must contain at least 1 number. Please do not use special characters such as "*, /, #, etc."

Enter Your Current Password :

Enter Your New Password :

Verify New Password :

[Change Password] [Cancel]

Return to the Main Menu | Update your account | Change your password | eServices S

Enter your old password, enter a new one and verify. Make note of the instructions at the top. Once done, click 'Change Password' to complete.

VIEWING TRANSACTION HISTORY

With this tool, you may take a look at prior transactions submitted in E-Services.

First, log into E-Services…

Then click 'Submit'

The following screen should display…

Individual Information

▶ Your Individual Licensing Profile

Reports

▶ Surplus Lines Affidavit Search

eServices

▶ Annual Reconciliation
▶ Certification/Clearance Letter Request
▶ Examination Scheduling and Rescheduling
▶ Individual License Application
▶ License Renewal Invoice
▶ Life Settlement Survey
▶ Municipal Tax Assessment
▶ Nofault Rejection Request
▶ Open Record Requests
▶ Order Laws & Regulations Book
▶ Pending Fees (License and Appointment)
▶ Record Correction Request (Form 8303)
▶ Replacement or Additional License Request (Form 8306)
▶ Surplus Lines Affidavit
▶ Surplus Lines Quarterly Report
▶ Town Forums
▶ View Transaction History
▶ Voluntary License Surrender

Click View Transaction History…

After clicking 'View Transaction History' the following screen will present…

Your demographic data is shown here…

Transaction History

Entity / User Details

DOI Number	Individual / Entity Name	
300363		
User Last Name	**User Middle Name**	**User First Name**
doe	e	jane

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [   ] 📅 [**Display Transactions**]

The last 30 days of transactions will automatically display

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

You may also search further back, by utilizing the tool shown here.

KY Department of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

Transaction History

Entity / User Details	
DOI Number 300363	Individual / Entity Name
User Last Name doe	User Middle Name e

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [   ] [calendar] [Display Transactions]

Calendar - Windows Int...

Select a date by clicking on a day.

◊ **August 2008** ◊

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
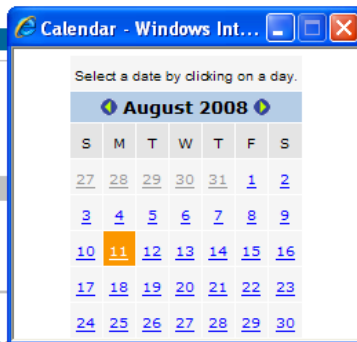
Click here..

To display the calendar. This will allow you to enter a new begin date to search by, which will set the search parameter from the begin date, to current.

After the date has been set, click 'Display Transactions' to list the result in the grid, as shown below.

Enter Start Date [   ] [calendar] [Display Transactions]

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

To review a record displayed in the grid, click the Transaction ID.

Below is a list of all your transactions within the last 30 da

Transaction ID	ePay Trans ID
22667	
2266	

Click on

Which will display the following screen.

Transaction Details

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | Click here to return to the main menu

The transaction ID, along with the date of submission will display here.

A description of the transaction is presented here.

44

Transaction Details

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | Click here to return to the main menu

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You may also review your data..

Annual Reconciliation

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Annual Reconciliation Filer Data

Name	dfggd, dsgsdg	Address	dfgsd , sdfgdg KY 334434
Phone		Email	

Unauthorized Insurer Name — Acceptance Indemnity Insurance Company
Local Government Name — Mayfield

Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premi...
100	50	50	50	50	50	50	5000

Unauthorized Insurer Name — Admiral Insurance Co
Local Government Name — Louisville

Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premi...
15	15	15	15	15	151	15	15

Unauthorized Insurer Name — Arch Excess & Surplus Insurance
Local Government Name — Bowling Green

Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premi...
10	101	10	10	101	10	10	10

Transaction Details

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00
	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | Click here to return to the main menu

Print

General | Options

Select Printer

HEALTH_MFP on DOIKYS06   Microsoft XPS Document Writer
IS_MFP on DOIKYS06   SnagIt 7
Microsoft Office Document Image Writer

Status: Ready   ☐ Print to file   [Preferences]
Location:
Comment: [Find Printer...]

Page Range
◉ All
○ Selection   ○ Current Page   Number of copies: 1
○ Pages: 1   ☑ Collate
Enter either a single page number or a single
page range. For example, 5-12

[Print] [Cancel] [Apply]

Or print a copy of your invoice…

To return to the main menu…

Transaction Details

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	M	John

Transaction Status: Complete

Order Information	Shipping Information (if applicable)
DOI Transaction ID: 23027	
ePay Transaction ID:	
Transaction Date: 9/11/2009 8:50:09 AM	

Qty	Description	Fee(s)
1	Annual Reconciliation	$0.00

	Total Charged:	$0.00

Print Annual Reconciliation

Print copy of invoice | **Click here to return to the main menu**

Click here

KYDepartment of Insurance
eServices | Main Menu | Update your account | Change your password | Logout

eServices
➤ **Annual Reconciliation**
➤ **View Transaction History**

Return to the Main Menu | Update your account | Change your passwo
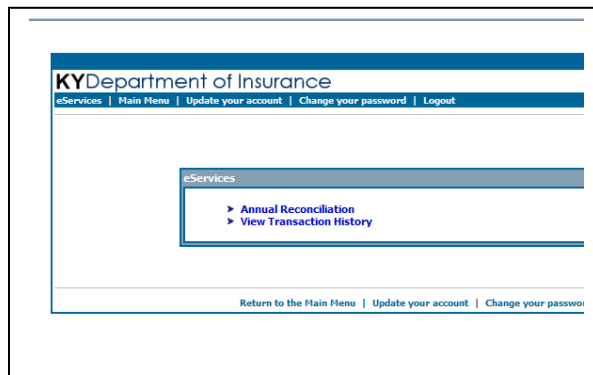
To Complete An Incomplete Transaction

Log into E-Services…

Then click 'Submit'

The following screen should display…

Individual Information
▶ Your Individual Licensing Profile

Reports
▶ Surplus Lines Affidavit Search

eServices
▶ Annual Reconciliation
▶ Certification/Clearance Letter Request
▶ Examination Scheduling and Rescheduling
▶ Individual License Application
▶ License Renewal Invoice
▶ Life Settlement Survey
▶ Municipal Tax Assessment
▶ Nofault Rejection Request
▶ Open Record Requests
▶ Order Laws & Regulations Book
▶ Pending Fees (License and Appointment)
▶ Record Correction Request (Form 8303)
▶ Replacement or Additional License Request (Form 8306)
▶ Surplus Lines Affidavit
▶ Surplus Lines Quarterly Report
▶ Town Forums
▶ View Transaction History
▶ Voluntary License Surrender

Click View Transaction History…

After clicking 'View Transaction History' the following screen will present…

Your demographic data is shown here…

Transaction History

Entity / User Details		
DOI Number	**Individual / Entity Name**	
300363		
User Last Name	**User Middle Name**	**User First Name**
doe	e	jane

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [   ] 📅 [**Display Transactions**]

The last 30 days of transactions will automatically display

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
22667		8/11/2008 11:08:15 AM		Complete
22666		8/11/2008 10:35:42 AM		Complete

Click on the Transaction ID to view the details of the Transaction.

Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

If a transaction is incomplete, it will display here.

Transaction History

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

To view 30 days of transactions during a certain period, Enter the start date.

Enter Start Date [_____] 📅 [**Display Transactions**]

Click 'Complete' to Complete an Incomplete Transaction.

Below is a list of all your transactions within the last 30 days. You must re-submit any transactions that are listed as incomplete.

Transaction ID	ePay Trans ID	Transaction Date	Transaction Total	Transaction Status
208064		01/29/2010	5	Incomplete [Complete]
207743		01/28/2010		Complete
207300		01/27/2010		Incomplete
205858		01/21/2010		Incomplete
205853		01/21/2010	5	Incomplete
204668		01/13/2010	5	Incomplete

Click on the Transaction ID to view the details of the Transaction.

To complete the transaction, click "Complete". The data previously entered will display.

Annual Reconciliation

Entity / User Details

DOI Number	Individual / Entity Name	
542723	Doe John	
User Last Name	User Middle Name	User First Name
Doe	m	John

Unauthorized Insurer Name

Local Government Name

Total Annual Tax Paid (Casualty)		Total Annual Premium	
Total Annual Tax Paid (Fire and Allied Lines)		Total Annual Tax Paid	
Total Annual Tax Paid (Health)		Total Annual Interest Due	
Total Annual Tax Paid (Inland Marine)		Total Amount	
Total Annual Tax Paid (Life)			
Total Annual Tax Paid (Motor Vehicle)		Add Taxes	
Total Annual Tax Paid (All Other Risks)			

Annual Reconciliation Filer Data

Name	test, Test	Address	215 west main , Frankfort KY 40601
Phone	5025643630	Email	test@ky.gov
Unauthorized Insurer Name		**Alliance General Insurance Company**	
□ **Local Government Name**		Henderson	

This will take you to the initial screen, allowing you to review your previous work. If there are no changes, click here.

(Fire and Allied Lines)

Total Annual Tax Paid (Health)		Total Annual Interest Due	
Total Annual Tax Paid (Inland Marine)		Total Amount	
Total Annual Tax Paid (Life)			
Total Annual Tax Paid (Motor Vehicle)			
Total Annual Tax Paid (All Other Risks)			

[Add Taxes]

Annual Reconciliation Filer Data

Name	test, Test	Address	215 west main , Frankfort KY 40601
Phone	5025643630	Email	test@ky.gov

Unauthorized Insurer Name				**Alliance General Insurance Company**					
☐	Local Government Name			Henderson					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
125	23				12		4500	45	205

Unauthorized Insurer Name				**American Safety Insurance Company**					
☐	Local Government Name			Hopkinsville					
Casualty	Fire&Allied Lines	Health	Inland Marine	Life	Motor Vehicle	All Other Risks	Annual Premium	Annual Interest	Total Annual Tax
12		34		12			12300	23	81

[Delete]

[Submit Annual Reconciliation]   [Add Taxes for Additional Carriers]

Submit Annual Reconciliation

This screen will give you a last review of your submission.

Annual Reconciliation

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

Annual Reconciliation Filer Data						
Name	test, Test		**Address**	215 west main , Frankfort KY 40601		
Phone	5025643630		**Email**	test@ky.gov		
Unauthorized Insurer Name			Alliance General Insurance Company			
Local Government Name			Henderson			
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premium**	**Annual Interest**	**Total Annual Tax**
125		23			12		4500	45	205
Unauthorized Insurer Name			American Safety Insurance Company			
Local Government Name			Hopkinsville			
Casualty	**Fire&Allied Lines**	**Health**	**Inland Marine**	**Life**	**Motor Vehicle**	**All Other Risks**	**Annual Premium**	**Annual Interest**	**Total Annual Tax**
12		34			12		12300	23	81

[Check Out]

To continue, click here.

To continue to checkout, click here.

Transaction / Order Information

To remove any item from your order, click on the checkbox and press "Update Order".

Entity / User Details		
DOI Number	**Individual / Entity Name**	
542723	Doe John	
User Last Name	**User Middle Name**	**User First Name**
Doe	m	John

Forms Completed by User: [Satish007]

Remove	Description	Fee(s)
☐	Annual Reconciliation	$5.00
	Total Amount Due	**$5.00**

Please note: You must checkout to complete your transaction, even if your "Total Amount Due" is 0.
If the total amount due is more than $1500.00, you can only checkout via Debit (ACH) payment method.

[Update Order] [Checkout to Submit Transaction/Complete Order] [Continue Shopping/Return to Menu] [Cancel Order]

View Order | Return to the Main Menu | Update your account | Change your password | eServices Survey | Logout

Enter your $5 filing fee here.

Once finished, click here to complete.
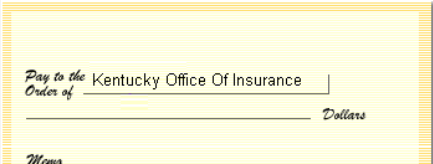
You submission is complete.